

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

The Excellent The Excellent Raj K. Patel

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

23 CV 8765 () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Neal K. Patel and Sanjana Kumar

(full name(s) of the defendant(s)/respondent(s))

AMENDED APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? _____

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

- (c) Pension, annuity, or life insurance payments ☒ Yes ☐ No
- (d) Disability or worker's compensation payments ☒ Yes ☐ No
- (e) Gifts or inheritances ☒ Yes ☐ No
- (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) ☒ Yes ☐ No
- (g) Any other sources ☐ Yes ☒ No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

My parents and grandmother are the only other ones living at this residence. My grandmother has elder benefits. My parents, I assumed generate income. My parents and I do not speak about money anymore because I have sued them. Personally, I have no income; I have to beg for food money from my parents or family members, including but not limited to, Neal. I think they are all in a conspiracy to hurt me and get back at me, especially because they don't get a high from my success anymore. I have sued them all. I basically just get to live. My expenses are not fulfilled; I reported the minimum, of what I think I need but do not have. I am unable to donate plasma.

If you answered "No" to all of the questions above, explain how you are paying your expenses:
n/a

4. How much money do you have in cash or in a checking, savings, or inmate account?
0. accts closed except T-Moblie which is -\$49.74. The maximun is -50.
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
no. I drive my mom and dad's audi to go eat or post office, when I can.
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
Yes. My phone is cancelled because I can't pay my bills. \$120.
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
n/a
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:
IFP was granted recently in CD Cal, D Hawaii, ND Cal, and 9th Circuit. No.
5:23-cv-03647-BLF (N.D. Cal. 202_), Dkt. 16

For gatekeeping reasons, the court should end the stress/depression/restore to health, so Pl.-Patel can exercise due right to represent: reprieve. See Compl. ¶ 16.

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

10/11/2023

/s/ Raj K. Patel

Dated
Patel, Raj K

Signature

Name (Last, First, MI)

6850 East 21st Street

Prison Identification # (if incarcerated)

Indianapolis

IN

46219

Address

3174506651

City

State

Zip Code

rajp2010@gmail.com

Telephone Number

E-mail Address (if available)

IN THE UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF NEW YORK

THE EXCELLENT THE EXCELLENT RAJ
K. PATEL, from all capacities,

Plaintiff No. 1:23-cv-08765-LTS

v.

Dated: October 12, 2023

NEAL K. PATEL and SANJANA KUMAR,

Defendants

CERTIFICATE OF SERVICE

I certify that I served a copy of the foregoing Amended IFP on 10/12/2023 to below individuals via the Clerk of Court:

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309 5th Avenue, Apt. 24A
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Respectfully submitted,

/s/ Raj Patel
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Dated: October 12, 2023